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2018

OMB No 1545-0052

## **Return of Private Foundation** or Section 4947(a)(1) Trust Treated as Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 07-01-2	018 , aı	nd en	ding 06-30-	2019	
		Indation			A Employer Id	entification numbe	r
		of Duty Endowment			37-1589072		
		d street (or P O box number if mail is not delivered to street address ean Park Blvd	) Room/suite		<b>B</b> Telephone nu	mber (see instruction	ns)
-		1770			(310) 255-2228	1	
		n, state or province, country, and ZIP or foreign postal code ca, CA 90405			<b>C</b> If exemption	application is pendin	g, check here
G Cł	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check he	ere
		☐ Final return ☐ Amended return	l			ganizations meeting	
		$\square$ Address change $\square$ Name change			·	k here and attach co	· -
		$ \nabla$ pe of organization $ \nabla$ Section 501(c)(3) exempt private	foundation			ındatıon status was t n 507(b)(1)(A), chec	
			le private foundation				
of	year (f	xet value of all assets at end from Part II, col (c),  ▶\$ 0  (Part I, column (d) musical properties of the properties o	Cash 🗹 Accru	al		ition is in a 60-montl n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and	(b)	Net investment	(c) Adjusted net	(d) Disbursements for charitable
		equal the amounts in column (a) (see instructions)	expenses per books		income	income	purposes (cash basıs only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	6,360,446				
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach	5,255,115				
		Sch B					
	3 4	Interest on savings and temporary cash investments  Dividends and interest from securities					
	5a	Gross rents					
	ь	Net rental income or (loss)					
Ф	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	ь	Gross sales price for all assets on line 6a					
Rev	7	Capital gain net income (from Part IV, line 2)	_				
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	6,360,446		0		
	13	Compensation of officers, directors, trustees, etc	395,798				395,798
	14	Other employee salaries and wages					
ses	15	Pension plans, employee benefits					
en.	16a	Legal fees (attach schedule)					
EXE	b	Accounting fees (attach schedule)	<b>96-1</b> 000 000				866,892
۸e	c c	Other professional fees (attach schedule)	866,892				866,892
rati	17 18	Interest					
i st	19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion					
Ē							
Ad	20 21	Travel, conferences, and meetings	59,655				59,655
n D	22	Printing and publications	33,000				35,050
perating and Administrative Expenses	23	Other expenses (attach schedule)	134,320				134,320
atı	24	Total operating and administrative expenses.					
ber		Add lines 13 through 23	1,456,665		0		1,456,665
ō	25	Contributions, gifts, grants paid	5,540,000				5,540,000
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	6,996,665		0		6,996,665
	27	Subtract line 26 from line 12	3,550,005		0		0,550,000
	а	Excess of revenue over expenses and					
	ь	disbursements  Net investment income (If negative, enter -0-)	-636,219				
	C	Adjusted net income (if negative, enter -0-)			0		
		Program Bodystian Ast Nation and instructions	<u> </u>	<u> </u>		<u> </u>	000 PE (2010

	3	Accounts receivable   11,411			
		Less allowance for doubtful accounts ▶	43,650	11,411	
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶		'	
2	8	Inventories for sale or use			
20	9	Prepaid expenses and deferred charges			
č	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶		'	

	ь	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	1,552,746	884,288	0
	17	Accounts payable and accrued expenses	43,650	11,411	
	18	Grants payable			
Jabilities	19	Deferred revenue			
≝	20	Loans from officers, directors, trustees, and other disqualified persons			
텯	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe)			
	23	Total liabilities(add lines 17 through 22)	43,650	11,411	
		Foundations that follow SEAS 117, check here			

		Less accumulated depreciation (attach schedule) ▶		'	
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	1,552,746	884,288	C
	17	Accounts payable and accrued expenses	43,650	11,411	
	18	Grants payable			
les	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe )			
	23	Total liabilities(add lines 17 through 22)	43,650	11,411	
_		Foundations that follow SFAS 117, check here			
če		and complete lines 24 through 26 and lines 30 and 31.			
Balances	24	Unrestricted	1,509,096	872,877	
8	25	Temporarily restricted			
ы	26	Permanently restricted			

Net Assets or Fur Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds . . . .

1,509,096

1,552,746

872,877

884,288

2

3 4

5

6

1,509,096

-636,219

872,877

872,877 Form **990-PF** (2018)

28

29

30

31 Part III

2

Paid-in or capital surplus, or land, bldg, and equipment fund

of-year figure reported on prior year's return)

Add lines 1, 2, and 3 . . . . . . .

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . .

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

(d)	
Date sold	

Page **3** 

2-story brick wa	rehouse, or common stock, 200 sh	s MLC Co )	P—Purchase D—Donation	(mo , day, yr )	Date sold (mo , day, yr )
1a					
(e) Gross sales price	(f) Depreciation allowed	Cost or	(g) other basis	Gain o	h) r (loss)
	(or allowable)	plus exp	ense of sale	(e) plus (f	) mınus (g)
a					
b					
c					
d					
e					
Complete only for assets	showing gain in column (h) and ov	wned by the foundation	on 12/31/69	(	I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	<b>(k)</b> of col (ı) l (յ), ıf any	col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a					
b					
с					
d					
e					
	lain or (loss) as defined in sections rt I, line 8, column (c) (see instruct		)-	3	
Part V Qualification U	Inder Section 4940(e) for R	educed Tax on Net	Investment In	come	
	rivate foundations subject to the se				
(101 optional use by domestic pi	invate roundations subject to the se	ection +940(a) tax on he	st investment incom	<i>(</i> )	
If section 4940(d)(2) applies, le	ave this part blank				
	e section 4942 tax on the distributa t qualify under section 4940(e) Do		· ·	)   Y	es 🗌 No
	ount in each column for each year,			5	
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab	ole-use assets	<b>(d)</b> Distribution rati (col (b) divided by c	
2017					
2016					
2015					
2014					
2013					
2 Total of line 1, column (c	•		2		
number of years the foun	for the 5-year base period—divide dation has been in existence if less ncharitable-use assets for 2018 from	than 5 years	0, or by the 4		
<b>5</b> Multiply line 4 by line 3			5		
<b>6</b> Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		
<b>7</b> Add lines 5 and 6	7				
<b>8</b> Enter qualifying distribution If line 8 is equal to or green instructions	ons from Part XII, line 4 , ater than line 7, check the box in P	Part VI, line 1b, and com		g a 1% tax rate Se	e the Part VI

(b)

How acquired

(c) Date acquired

Page **6** 

Pai	Statements Regard	ding	Activities for Which	Form 4720 May Be	Required (continued)	)			
5a	During the year did the foundation	pay o	r incur any amount to					Yes	No
	(1) Carry on propaganda, or other	vise a	ttempt to influence legisl	ation (section 4945(e))?	☐ Yes 5	✓ No			
	(2) Influence the outcome of any s	pecıfı	c public election (see sect	ion 4955), or to carry					
	on, directly or indirectly, any vo	oter re	egistration drive?		· · 🗌 Yes	✓ No			
	(3) Provide a grant to an individua				☐ Yes 5	✓ No			
	(4) Provide a grant to an organizat			· -					
	in section 4945(d)(4)(A)? See i				· · Yes	✓ No			
	(5) Provide for any purpose other t			• • • • • • • • • • • • • • • • • • • •					
	educational purposes, or for the		· ·		∟ Yes Ľ	✓ No			
b	If any answer is "Yes" to 5a(1)-(5)		=						
	Regulations section 53 4945 or in a				_	-	5b		No
_	Organizations relying on a current i								
С	If the answer is "Yes" to question 5			•					
	tax because it maintained expendit				· · L Yes	<b>✓</b> No			
_	If "Yes," attach the statement requ		· -						
6a	Did the foundation, during the year	-			ums on				
L	a personal benefit contract?				· Yes	✓ No	6		l NI
D	Did the foundation, during the year If "Yes" to 6b, file Form 8870	, pay	premiums, directly or ind	irectiy, on a personal be	nerit contract/		6b		No
7-	At any time during the tax year, wa	c tha	foundation a party to a n	robibited tay chalter trai	ncaction? $\Box$	_			
7a b	If yes, did the foundation receive a				⊥ res ⊔	✓ No	7b		No
8	Is the foundation subject to the sec						<del>                                     </del>		<b>-</b> ''
0	excess parachute payment during t					<u> </u>			
					res_L			<u> </u>	
Pai	and Contractors	JIIIC	ers, Directors, Trust	ees, roundation Ma	anagers, Highly Paid	Emplo	уссь,	•	
1	List all officers, directors, truste			•					
	(a) Name and address	(	<b>b)</b> Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans a deferred compensation	nal , ;	Experother a		
See /	Additional Data Table								
_2_	Compensation of five highest-pa	id er	nployees (other than th	nose included on line :	1-see instructions). If i	none, e	nter "	NONE	<u>."                                    </u>
(a)	Name and address of each employee more than \$50,000	paid	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred		Expen ther all		
			devoted to position		compensation				
NON	E								
Tota	I number of other employees paid or	er \$5	0,000		<u> </u>				
						Fo	rm <b>99</b> 1	0-PF	(201

Form 990-PF (2018)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trus and Contractors (continued)	stees, Foundation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professiona	services (see instructions). If none, enter "NOI	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Rubenstein Communications Inc	Public Relations	32,500
1345 Avenue of the Americas New York, NY 10105		
Propper Dailey LLC	Fundraising Consult	519,134
6380 Wilshire Blvd 15th Flooe Los Angeles, CA 90048		
Step 3 Partners	Consulting	60,000
11377 W Olympic Blvd Los Angeles, CA 90064		
Jones Group	Public Relations	200,000
8000 Towers Cresent Dr Ste 150 Vienna, VA 22182		
Total number of others receiving over \$50,000 for professional service  Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year Incorganizations and other beneficiaries served, conferences convened, research paper		Expenses
Research and analysis of the non-profit organizations throughout the placement of veterans	he USA that are providing training, education or	0
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation	during the tax year on lines 1 and 2	Amount
1		
2		
All other program-related investments See instructions  3		
Total. Add lines 1 through 3		

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

5

6.996.665

6.996.665

Form 990-PF (2018)

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

4

5

Forn	n 990-PF (2018)				Page <b>9</b>
P	art XIII Undistributed Income (see ins	structions)			
		(a) Corpus	(b) Years prior to 2017	<b>(c)</b> 2017	( <b>d)</b> 2018
1	Distributable amount for 2018 from Part XI, line 7	<u> </u>	rears prior to 2017	2017	2018
	Undistributed income, if any, as of the end of 2018				
a	Enter amount for 2017 only	°			
b					
3		_			
_	From 2013				
a b					
_	From 2015				
	From 2016				
	From 2017				
	Total of lines 3a through e				
	Qualifying distributions for 2018 from Part				
, T	XII, line 4 ▶ \$				
a	Applied to 2017, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2018 distributable amount.				
	Remaining amount distributed out of corpus				
	Excess distributions carryover applied to 2018				
	(If an amount appears in column (d), the				
	same amount must be shown in column (a) )	)			
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable amount				
-	—see instructions				
е	Undistributed income for 2017 Subtract line				
	4a from line 2a Taxable amount—see				
_ ا	instructions				_
f	Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019	_			
7	Amounts treated as distributions out of	•			
1	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may				
1	be required - see instructions)				
8	Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).				

d Subtract line 6c from line 6b Taxable amount —see instructions		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions		
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019		
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)		

applied on line 5 or line 7 (see instructions) . . . **9 Excess distributions carryover to 2019.** Subtract lines 7 and 8 from line 6a . . . 10 Analysis of line 9 a Excess from 2014.

Executive Director

b The form in which applications should be submitted and information and materials they should include

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

3100 Ocean Park Blvd

Santa Monica, CA 90405

(877) 597-2633

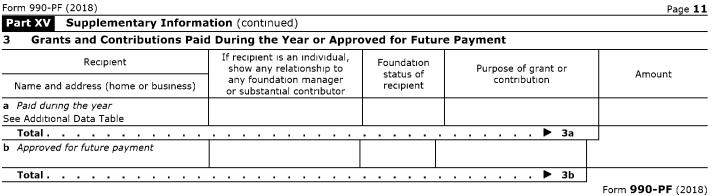
None

factors

c Any submission deadlines

www callofdutyendowment org

Standard format for normal grant requests is acceptable



Enter gross	amounts unless otherwise indicated	Unrelated b	(b)	Excluded by section	(d)	(e) Related or exempt function income
_	n service revenue	Business code	Amount	Exclusion code	Amount	(See instructions )
	and contracts from government agencies					
	rship dues and assessments					
	t on savings and temporary cash					
5 Net ren	ds and interest from securities tal income or (loss) from real estate					
	financed property ebt-financed property					
	tal income or (loss) from personal property					
7 Other in	nvestment income					
	(loss) from sales of assets other than					
	ome or (loss) from special events					
LO Gross p	profit or (loss) from sales of inventory					
L1 Other n	evenue a					
L2 Subtota	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)					
	orksheet in line 13 instructions to verify calcu	lations )				
Part XVI	<u>-</u>			· · · · · · · · · · · · · · · · · · ·		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex instructions )					l

. ,	<del></del> /
П	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part	XVII	Exempt Organi		ransters To a	and Transaction	ons and Rei	ationships With Nonchai	itable		
			directly enga				ızatıon described in section 503 ations?		Yes	No
<b>a</b> Tra	Transfers from the reporting foundation to a noncharitable exempt organization of									
(1)	Cash							1a(1)		No
(2)	Othe	r assets						1a(2)		No
<b>b</b> Oth	er trar	nsactions								
		s of assets to a nonchar		-				1b(1)	_	No
		hases of assets from a r						1b(2)		No
		al of facilities, equipmer	•					1b(3)		No
		ibursement arrangemen s or loan guarantees.						1b(4) 1b(5)	_	No No
		rmance of services or m						1b(5)		No
				-				1c		No
	-						ıld always show the faır market			
							ceived less than fair market va assets, or services received	ue		
(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exe	mpt organization	(d) Descript	ion of transfers, transactions, and sh	arıng arra	ingemen	its
		ndation directly or indire	•	•	•	•		<b>□</b>		
		in section 501(c) (other		n 501(c)(3)) or i	in section 527? .		Ц Yes	<b>✓</b> No		
D If "	res," c	complete the following s (a) Name of organization		1 0	) Type of organizati	on I	(c) Description of rela	tionshin		
		(a) Name of organization	<i>,</i> ,,,	(1	y rype or organizati	011	(c) Description of rela	лопэпір		
	Und	er nenalties of neriury	I declare tha	t I have examin	ed this return inc	-luding accomi	panying schedules and stateme	nts and	to the	hest
	of n		, it is true, co				other than taxpayer) is based o			
Sign	l.	*****			2019-11-14				iscuss th	าเร
Here						retu with belo		the prepa	rer shov	vn
		Signature of officer or trustee		Date		Title		w ınstr )? [	✓ Yes	□ <sub>No</sub>
		Print/Type preparer's	name	Preparer's Sigr	nature	Date	Check if self-			
						Check if self- employed ▶ ✓		P0083	9016	
Paid		Charles J McLucas	Jr				employed P			
Prep	arer	Firm's name ► Char	les J McLuca	s Jr CPA					02661	07
Use	Only	<b>,</b>					Firm's	EIN ►68	-03661	19/
				necer Suite 230			Dhone	no (949	1) 981-	4452
San Clemente, CA 92673					Filone	110 (343	, , , , , , , , , , , , , , , , , , , ,	,¬J2		

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation Jeffrey A Brown Director 0 0 25 3100 Ocean Park Blvd Santa Monica, CA 90405 Robert Kotick 0 Director 1 00 3100 Ocean park Dr Santa Monica, CA 90405 James Jones 0 Director 1 00 3100 Ocean Park Dr Santa Monica, CA 90405 Brian Kelly Director 0 0 25 3100 Ocean Park Dr Santa Monica, CA 90405 Daniel Goldenberg Vice President 395,798 40 00 3100 Ocean Park Dr Santa Monica, CA 90405 Mark Lamia Director 0 0 50 3100 Ocean Park Blvd Santa Monica, CA 90405 Robert Kostich Director/Pres 0 1 00 3100 Ocean Park Dr Santa Monica, CA 90405 Jennifer Brewer Director/Sec 0 0 50 3100 Ocean Park Blvd Santa Monica, CA 90405 Steve Young 0 Director 0 50 3100 Ocean Park Blvd Santa Monica, CA 90405 Rajneesh Sain 0 Treasurer 2 00 3100 Ocean Park Blvd Santa Monica, CA 90405 Kristin Binns Director 0 0 50 3100 Ocean Park Blvd Santa Monica, CA 90405 Julia Kazaks 0 Director 0 50 3100 Ocean Park Blvd Santa Monica, CA 90405 Chris B Walther Director 0 0 25 3100 Ocean Park Blvd Santa Monica, CA 90405 Michael Moskowitz Asst Secretary 0 0 75 3100 Ocean Park Blvd Santa Monica, CA 90405 Kathryn Murray Asst Secretary 0 0 25 3100 Ocean Park Blvd Santa Monica, CA 90405

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMVFTS4647 Forbes Blvd PC Dedicated Programs 269,000 none Lanham, MD 20706

· · · · · · · · · · · · · · · · · · ·				
Still Serving Veterans 2939 Johnson Road SW Huntsville, AL 35805		PC	Dedicated Programs	855,000
Corporate America Supports You CASY	none	PC	To support the training	1,400,000

Tulics ville, AL 33003			
Corporate America Supports You CASY 10 Stone Falcon Court Lake St Lewis, MO 63367	none	To support the training development and placement of Veterans	1,400,000
Total		 ▶ 3a	5,540,000

Recipient
Name and address (home or business)

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient
Show any relationship to any foundation manager or substantial contributor

Purpose of grant or contribution

recipient

a Paid during the year

none

Operation Job Needy Veterans

PO Box 71445 Murietta, GA 30007

Salvation Army Haven 11301 Wilshire Blvd Bldg 212 Los Angeles, CA 90073	none	PC	To support the training and placement of Vet's	324,000
Veterans Inc69 Grove Street Worchester, MA 01605	none	PC	To support the training and placement of Vet's	234,000

PC

Help locate jobs for Vets

▶ 3a

180,000

Recipient

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Foundation status of recipient

recipient

Purpose of grant or contribution

USVETS800 W Sixth Street Suite 1505 Los Angeles, CA 90017	none		To support training and hiring for carreer positions	450,000
Walking with the wounded 597 5th Avenue	None	PC	Promote Vet's activities	100,000

Walking with the wounded 597 5th Avenue New York, NY 10017	None	PC	Promote Vet's activities	100,000
Hire Heroes USA 1360 Union Hill Road Bldg 2 Ste A Alphaetta, GA 30004		PC	Help Vets get support	1,350,000

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
REFA-The Forces Employment Charity 12 Elizabetth Street London, London SW1W 9RB UK	None	PC	Support of Vet's	142,000

UK				
Workshops for Warriors 2970 Main Street San Diego, CA 92113	None	PC	Support of Vets	30,000
Fourblock Foundation	None	PC	Support of Vet's	30,000

2970 Main Street San Diego, CA 92113				
Fourblock Foundation 230 Park Ave 29th Floor New Youk, NY 10169	None	PC	Support of Vet's	30,000

Fourblock Foundation 230 Park Ave 29th Floor New Youk, NY 10169	None	PC	Support of Vet's	30,000

Total .

Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or husiness)

1	7VC CICEOE WIL-b Physic C 200	NI	DC.	Comment of Markle	176 000
	a Paid during the year				
ı	manie and dad ess (neme or basiness)	or substantial contributor			

JVS Socialosus Wilshire Biva Suite 200	None	PC	Support of Vet's	1/6,000
Los Angeles, CA 90014				
				(

efile GRAPHIC print - DO NOT PROCI	ESS As Filed Data -		DLN: 93491318010309	
TY 2018 Contractor Compensation Explanation				
Na	me: The Call Of Du	ty Endowment		
E	EIN: 37-1589072			
<b>Software ID:</b> 18007218				
Software Version: 2018v3.1				
Contractor	Explanation			
1	+			

Professional services to assist in the research, marketing and development of the

## Jones Group Consulting on location and analysi of organizations serving veterans.

programs for veterans.

Rubenstein Communications

Inc

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	N: 93491318010309
TY 2018 Other Expenses Schedule				
-				
Name:	The Call Of Duty	y Endowment		,
EIN:	37-1589072			
Software ID:	18007218			
Software Version: 2018v3.1				
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Advisory Council fees	27,500			27,500
Bank charges	145			145
Computer & Other supplies	1,069			1,069
Dues, Subscriptions & events	13,195		1	13,195

10

1,691

12,580 5,071

5,933

776

10

1,691

12,580

5,071

5,933

776

Filing fees

Offsite costs

Miscellaneous marketing

Office supplies and stationary

Not for resale software

Phone and data costs

Description
Revenue and Expenses per Books
Revenue and Expenses per Books
Adjusted Net Income Income
Charitable Purposes

60,000

755

4,095

1.500

755

4,095 1.500

Other Expenses Schedule

Samples-Donations
Seminars and training

Trade shows

efile GRAPHIC print - DO NOT PROC	ESS As Filed Data	-	DLN	N: 93491318010309
TY 2018 Other Professional Fees Schedule				
Na	me: The Call Of I	Outy Endowment		
<b>EIN:</b> 37-1589072				
<b>Software ID:</b> 18007218				
Software Version: 2018v3.1				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Management services	19,622	0	0	19,622
Outside consulting and research	847,270	0	0	847,270

efile GRAPHIC print - DO	NOT PROCESS As Filed D	Data -		DLN: 93491318010309		
Schedule B	Sch	hedule of Contributo	rs	OMB No 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service				2018		
Name of the organization The Call Of Duty Endowmer			Employer i	identification number		
Organization type (check			37-1589072	2		
	·					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)( ) (enter num	iber) organization				
	☐ 4947(a)(1) nonexemp	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	☐ 527 political organiza	☐ 527 political organization				
Form 990-PF	<b>☑</b> 501(c)(3) exempt priv	✓ 501(c)(3) exempt private foundation				
	☐ 4947(a)(1) nonexemp	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable priv	501(c)(3) taxable private foundation				
		r 990-PF that received, during t utor Complete Parts I and II Se				
Special Rules						
under sections 509 received from any	(a)(1) and 170(b)(1)(A)(vi), the	3) filing Form 990 or 990-EZ that checked Schedule A (Form 9 ar, total contributions of the gre Complete Parts I and II	990 or 990-EZ), Part II, line 13	3, 16a, or 16b, and that		
during the year, to	al contributions of more than \$	7), (8), or (10) filing Form 990 o \$1,000 <i>exclusively</i> for religious. Iren or animals Complete Parts	, charitable, scientific, literary,			
during the year, co If this box is check purpose Don't cor	ntributions exclusively for religed, enter here the total contribution and early of the parts unless	7), (8), or (10) filing Form 990 og gious, charitable, etc., purposes outions that were received durin the <b>General Rule</b> applies to th 5,000 or more during the year.	s, but no such contributions tot ng the year for an <i>exclusively</i> r is organization because it rece	taled more than \$1,000 religious, charitable, etc , eived <i>nonexclusively</i>		
990-EZ, or 990-PF), but it	must answer "No" on Part IV,	eral Rule and/or the Special Rul , line 2, of its Form 990, or chec tify that it doesn't meet the filing	ck the box on line H of its			
For Paperwork Reduction Act for Form 990, 990-EZ, or 990-		Cat No 30613X	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2018)		

		Employer identification 37-1589072	Employer identification number 37-1589072		
Part I	Contributors (See instructions) Use duplicate copies of Part I if a	dditional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Activision Publishing Inc		Person 🗸		
1	3100 Ocean Park Bivd	 \$ 4,851,557	Payroll  Noncash		
	Santa Monica, CA 90405		(Complete Part II for noncash contributions )		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	Various Corporate and Individuals		Person 🗸		
_	3100 Ocean Park Blvd	0.4.400.700	Payroll		
	Santa Monica, CA 90405	\$ 1,462,723	Noncash		
			(Complete Part II for noncash contributions )		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Activision employee contributions		Person		
<u>3</u>	3100 Ocean Park Blvd		Payroll		
	Santa Monica, CA 90405	\$ 46,166	Noncash		
	Salita Piolitica, CA 30403		(Complete Part II for noncash contributions )		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person		
-			Payroll		
			Noncash		
			(Complete Part II for noncash contributions )		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
ē			Person		
		\$	Payroll		
			(Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person		
-			Payroll		
		\$	Noncash		
			(Complete Part II for noncash contributions )		
		Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2018)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)